

**WAIMATE HIGH SCHOOL/SCD
SUBSISTENCE
ASSISTANCE PAYMENT FORM**

Date 14-15_March_2011 Hokitika

Name _____

Address _____

School _____

Contact Phone number _____

Please itemise and number all receipts (which must be G.S.T.)

Number	\$	Details (eg evening meal incl date)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

TOTAL CLAIM \$

Bank details for payment:

Bank:

Branch:

Account in name of:

Account Number:

Sort Code:

OR Pay cheque in name of: _____

Approved _____ **Date** _____

Payment _____

Paid _____ **Date** _____